



INLAND COUNTIES EMERGENCY MEDICAL AGENCY

Serving San Bernardino, Inyo and Mono Counties

1425 SOUTH "D" STREET

SAN BERNARDINO, CA 92415-0060

(909) 388-5823 FAX: (909) 388-5825

ADVANCED EMT RECERTIFICATION

ICEMA AEMT or

Central Registry

Certification #: _____ Exp Date: _____ National Registry #: _____ Test Date: _____

Exp Date: _____

Previous Cert # if applicable: _____ Previous Cert Entity if applicable: _____

Legal Name: _____

Last First Middle Sex (M/F)

Address: _____

Home Address City State Zip Is this a change of address? Yes ☐ No ☐

Mailing Address (if different) Is this a change of address? Yes ☐ No ☐

SSN #: _____ DOB: _____ Driver License #: _____ Email: _____

If employed by an EMS Provider(s) please provide the name(s) and address(es): _____

1. Have you ever been denied any EMT certification or other professional licensure, had an EMT certificate or license put on probation, suspended or revoked, or are you under investigation by this or any other agency? If yes, please attach a letter of explanation. Yes ☐ No ☐

2. Are you currently under investigation or have you ever been arrested and convicted of a misdemeanor, or felony in California or in any other state or place, including entering a plea of nolo contendere or no contest, and including any conviction which has been expunged (Penal Code 17 (b) or 1203.4) or records sealed? If you checked "Yes", refer to the instructions in the Background Check Information section on the back of this form. Yes ☐ No ☐

3. Have you completed a ONE TIME Department of Justice and FBI Live Scan background check for ICEMA? The Live Scan provides ICEMA with ongoing information of any subsequent arrests. Yes ☐ No ☐

4. Has your Driver's License ever been denied, suspended or revoked? If yes, you must provide a written explanation that describes the action, any corrective action and/or remediation as a result of the action and a current original (not copy) of a DMV printout. Yes ☐ No ☐

I hereby certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to AEMT Certification in the State of California. I understand all information on this application is subject to verification, and I hereby give my express permission for ICEMA to contact any person or agency for information related to my role and function as an AEMT in California. I agree to hold ICEMA harmless from any act or action resulting from the release of the information as stated above. I also understand that the application fees are non-refundable and that California Regulations require me to notify ICEMA in writing within 30 days of any change in my mailing address and/or EMS employer. I also agree to notify ICEMA of any arrests within three (3) business days.

Signature of Applicant: _____ Date: _____

Home Phone Number: _____ Work #: _____

ICEMA USE ONLY:	Reviewed By: _____	State Registry Cert #: _____
LiveScan Date OK'd: _____	BLS Exp: _____	Effective Date: _____
EMSA Fee (Amt): \$ _____	(ICEMA Fee _____ Receipt # _____)	Expiration Date: _____

INSTRUCTIONS FOR ADVANCED EMT RECERTIFICATION
Please Read Thoroughly and Completely
Incomplete Applications Will Not Be Accepted and Will Be Returned

SUBMIT THE FOLLOWING FOR RECERTIFICATION/RECIPROCITY

- ☐ Completed original application
- ☐ **\$45** Cash or Money Order made payable to ICEMA (NO PERSONAL CHECKS)
- ☐ **\$37** Cashier's Check or Money Order made payable to **EMT Certification Fund**
(If in the EMT State registry and currently certified with ICEMA) **OR**
- ☐ **\$75** Cashier's Check or Money Order made payable to **EMT Certification Fund**
(If there is NO LIVESCAN on file in the EMT State registry or currently certified with another LEMSA)
- ☐ Original Skills Competency Verification form
- ☐ Copy of current AEMT certification card, National Registry or California EMT-Paramedic license
- ☐ Copy of front and back of signed BLS CPR HealthCare Provider Card
- ☐ Copy of current Driver's License (*for ID purposes*)
- ☐ Complete the EMT Statement of CE requirements below (**MUST SUBMIT DOCUMENTATION**).
ICEMA does not accept more than 12 hours of CE in a 24 hour period.

ALL FEES ARE NONREFUNDABLE AND NONTRANSFERABLE

- **CPR/AED Certification:** CPR/AED card must be equivalent to the American Heart Association's Healthcare Provider level. Online CPR courses without hands on demonstration are not accepted.
- **Background Check Information:** If you are currently under investigation or have ever been arrested and convicted of a misdemeanor, or felony in California in any other state or place, including entering a plea of nolo contendere or no contest, and including any conviction which has been expunged (set aside) or records sealed, you must disclose this action(s). Because this is a certification, even convictions which have been expunged or sealed must be disclosed. Please attach copies of the final court disposition, and a detailed statement describing the crime(s), date, location, court, sentence served, and parole if any. For records sealed, please provide only the date and court name and name of the granting judge. These documents will help ICEMA determine whether you can be certified as an Advanced EMT under ICEMA Policy #1110 and/or Health and Safety Code Section 1798.200. Failure to include this documentation will delay the processing of your application. The Live Scan provides ICEMA with ongoing information of any subsequent arrests.
- **Failure to Disclose:** Failure to disclose your involvement in a current investigation or any arrest and convicted of a misdemeanor, or felony in California or in any other state or place, including entering a plea of nolo contendere or no contest, including any conviction which has been expunged (set aside) under Penal Code 17(b) or 1203.4 is considered fraud in the procurement of a certificate. This may result in disciplinary action and denial of certification.

**Please document continuing education AND provide copies of the roster or
CE certificate from each class**

Course Title	Provider Name	CE Provider #	Date	Hours

Use the supplemental CE form for additional courses